

Village of Cross Plains

22-2023 PARKS & RECREATION REGISTRATION FORM



Family Last Name: _____ Address: _____

City & Zip: _____ Home Phone: _____

Email Address (for Rec. Dept. use only): _____

Parent/Guardian Name: _____ BEST Phone: _____ Cell /Work /Home _____

Parent/Guardian Name: _____ BEST Phone: _____ Cel l/Work /Home _____

Name	Program	Session	Grade	Birthdate	M/F	*T-shirt size	Fee

Name	Program	Session	Grade	Birthdate	M/F	*T-shirt size	Fee

TOTAL FEE: \$ _____

Method of Payment: Cash Check Credit Card

***Shirt sizes:** Youth S,M,L or Adult S,M,L,XL,XXL

Name on Card: _____ CC#: _____ Exp. Date: _____ (3-digit) CVC: _____

VOLUNTEER COACHES NEEDED!

Name of volunteer coach: _____ T-Shirt size: _____

INSURANCE WAIVER: In consideration of the opportunity to participate in this recreational program, I release the Village of Cross Plains and its employees, officers, and agents from all liability for any and all loss resulting from damage to my person or property, including death, which may result from participation in this recreational program, either within or outside the Village of Cross Plains. I further understand that statutes 893.80 & 895.52 of the Wisconsin State Statutes defines the limitations of the village as far as liability goes as it relates to recreational activities. Accidents are to be reported to the Village Office at once. However accident reporting is not intended to imply any kind of liability on the part of the Village, its employees, officers, or agents. I also hereby authorize emergency medical treatment for myself/son/daughter by any licensed emergency health care provider. I have read the foregoing release and fully understand it. I do hereby grant and give these groups the right to use my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto. I do hereby grant that I've read and understand Wisconsin ACT 172 relating to concussions and other head injuries sustained in youth athletic settings.

Special Need/ Allergies or other medical conditions:

Parent/Guardian Signature _____ **Date:** _____